



BUC/RBUC Activation Form



Please return completed form to CMAC@CAPCOG.org as soon as possible.

Agency:

Date Range/Time of Activation:

PSAP Manager:

Secondary Contact:

Phone Number:

Phone Number:

Email:

Email:

Approximately how many people will be on site during the activation?

Approximately how many personal vehicles will be on site during the activation?

Will there be any other vehicles (patrol, agency issued, command trailer, etc.) on site during the activation?

PSAP Manager Signature

Date